

SOONERCARE/SOONERQUIT TOBACCO CESSATION COUNSELING, PAYMENTS, AND CODING

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Learning Objectives

1. Increase awareness related to the Tobacco Free Environment Initiative (TFEI)
2. Explain tobacco cessation best practices (5A's)
3. Identify what providers can bill for tobacco cessation counseling, compensable services and member coverage
4. Define tobacco cessation counseling coding and payment guidelines
5. Describe SoonerCare tobacco cessation benefits

Tobacco Free Environment Initiative (TFEI)

Tobacco Free Environment Initiative

- Encourage providers and clinics to adopt policies
- New contract language highly encourages providers to be tobacco, smoke, and vape-free
- Basic (Essential) language to include: no tobacco, smoke, or vape use allowable on or around property, including tobacco cessation efforts with employees and patients, and posting signage and resources to educate and encourage all to comply

Rationale for Tobacco, Smoke, and Vape Free Environments

Protects employees, patients, and visitors from exposure to second-hand smoke

- Second-hand is a known cause of cancer, heart disease, and stroke.

Encourages smokers to quit

- Estimated 6.4% increase in cessation and reinforces cessation efforts being performed in the clinic.

Assists with reducing initiation of usage

- Reduced tobacco prevalence by 3.4%.

Smoke Free Policies Reduce Smoking: Community Task Force Initiative, Retrieved August 17, 2022, from [Center for Disease Control and Prevention](#).

Tobacco, Smoke, and Vape Free Environments Facts

- Smoking costs Oklahoma 2.1 million dollars a year in loss productivity
- Oklahoma spends an annual 1.62 billion dollars in annual healthcare costs, \$264 million dollars of that total are covered by state Medicaid program
- Secondhand smoke has 7,000 of which hundreds are toxic and at 70 are known cancer causing agents
- Air ventilation systems and designated smoke rooms do not eliminate exposure to secondhand smoke
- 30 minutes of exposure to secondhand smoke can cause similar heart damage to that of an everyday smoker
- Exposure to secondhand smoke increases on risk of an acute coronary heart event by 25% to 35%
- Adopting a tobacco, smoke, vape-free policy send an overall message you care about your employees, patients, and visitors

Policy Development

- Assisted or self-guided web-based development guide
- Easy and hassle-free way to development of a gold standard policy
- Customizable options to ensure the policy is reflective of the clinic culture
- Free breathe-easy signage and recognition for providers/clinics that adopt a gold-standard policy



Tobacco, Smoke, and Vape-Free Policy Development Guide

This tool is designed to guide you through the process of drafting a tobacco, smoke and vape-free policy for your organization. The form is laid out in the following sections:

Section 1: Contact Information - enter your contact information at the top of the form. This information will be used by SoonerQuit staff at the Oklahoma Health Care Authority should any follow-up or support be needed to finalize your policy.

Section 2: Policy Elements - A gold standard policy incorporating all recommended elements is built into this section of the form. Policy elements have been broken out as essential (minimum necessary to ensure a tobacco, smoke, and vape-free environment is created) and strongly recommended (best practice elements that serve to support the essential policy elements). Essential elements are built into the form, and may not be edited. Recommended elements may be dropped from the policy or edited to meet the needs, resources, and context of your organization.

Section 1: Contact Information

Enter your name:

Enter your email address:

This email address will be used for any correspondence related to your submission.

Enter your phone number:

Please provide the best number to reach you for clarification if needed.

Enter the name of your organization: *

Enter the name as you would like it to appear in the policy.

Section 2: Policy Elements

Review the policy elements below carefully. They represent a

Policy Development

- Once you have finalized and submitted your policy through the web-based tool, a SoonerQuit Coordinator will send you the final version.
- For more information contact SoonerQuit staff at SoonerQuit @okhca.org or visit us at <https://oklahoma.gov/ohca/providers/soonerquit.html>

TOBACCO-, SMOKE-, AND VAPE-FREE POLICY

Introduction

Tobacco use is the number one cause of preventable death in the United States, killing more than 7,500 Oklahomans every year. As a health care organization we are committed to the health and safety of our employees, patients, and visitors. In recognition of the fact that all forms of tobacco products are hazardous to human health and that there is no safe level of exposure to secondhand smoke, it shall be the policy of Ross Wellness Center (the organization) to prohibit all use of tobacco products on our property at all times. This policy demonstrates our continued commitment to health and leadership in our community.

This policy acknowledges the traditional and sacred use of tobacco among American Indian people living in Oklahoma. Whenever the word tobacco is used it refers to the use of commercial tobacco.

Definitions

For the purposes of this policy, the following definitions apply:

Organization Property

Any real property that is owned, leased, managed, or otherwise controlled by the organization,

**TOBACCO
CESSATION
BEST
PRACTICES**

Why is Tobacco Cessation Important?

- Research indicates there is no clinical intervention that can reduce illness, prevent death, or increase quality of life more effectively than tobacco cessation.
- Cigarette smoking is the leading cause of preventable disease and death in the United States, accounting for more than 480,000 deaths each year, or about one in five deaths.
- SoonerCare reimburses providers who use the 5A's approach with their patients set forth by the Agency of Healthcare and Quality and endorsed by U.S. Public Service.
- Smokers say a physician's advice to quit is an important motivator in their attempts to stop smoking. Physicians should be proactive in their intervention strategies.
- Clinicians can make a difference with even minimal (less than three minutes) intervention, which is also cost-effective.

U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014 [accessed 2019 Jan 30]. Centers for Disease Control and Prevention. Current Cigarette Smoking Among Adults—United States, 2017. Morbidity and Mortality Weekly Report 2018; 67(44):1225-32 [accessed 2019 Jan 30].

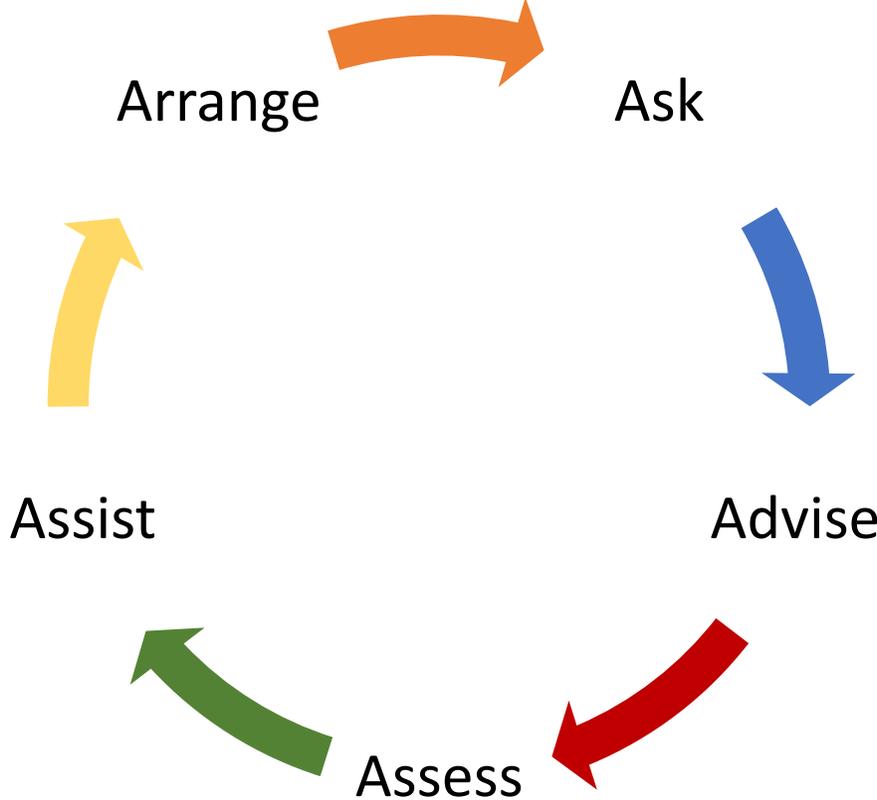
Centers for Disease Control and Prevention. State Tobacco Activities Tracking & Evaluation (STATE) System. Map of Current Cigarette Use Among Adults (Behavior Risk Factor Surveillance System) 2017 [accessed 2019 Jan 30]

Why is Tobacco Cessation Important?

- More than 70% of U.S. smokers report wanting to quit
- 45% of people in the U.S. attempt to quit each year
- Over 50% of SoonerCare members reported a quit attempt in the past year
- Less than 5% of unassisted attempts are successful
- Only 57.2% of people wanting to quit receive advice from a healthcare provider
- With assistance, abstinence rate can exceed 30% and even greater when connected to a quit line
- New research suggests it takes an average of 30 quit attempts before successfully quitting tobacco (quitting rates may vary).
- Nicotine is more addictive than heroin

Smokers May Try Quitting An Average of 30 Time Before Quitting: Study: Retrieved June 21, 2021 from <https://drugfree.org>

5 A's Approach



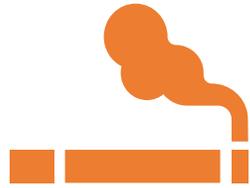
Ask

- ❖ Identify and document tobacco use for EVERY patient at EVERY visit.
- ❖ Tobacco use can be identified on patient's social history form.
- ❖ Follow-up with patient and ask them to describe their tobacco use.
 - ❖ Ask permission, opening statements

I see here you're a smoker – how do you feel about your smoking?



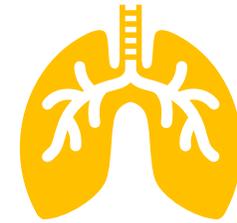
Advise



If the patient is a tobacco user, advise them to quit.



Advising should be done in a clear, concise and personalized manner.



Educate about harmful effects of tobacco, benefits of quitting, facts/stats, health issues, etc.

Assess

- Assess the willingness of the quit.
- Is the patient ready to make a quit attempt within the **next 30 days**?
- Motivational techniques can be utilized during this stage.
- Utilize MI rulers for readiness, confidence and importance.

To request MI rulers, reach out to SoonerQuit@okhca.org

READINESS RULER
Importance

On a scale of 0 to 10, how **important** is this change to you at this time?

0 Not Ready

STAGES OF CHANGE

Precontemplation Not ready/no change	Contemplation Awareness of need to change	Preparation Planning to change
Relapse Regress back to old behaviors	Maintenance Maintaining the change	Action Making the change

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READINESS RULER
Confidence

On a scale of 0 to 10, how **confident** are you to make this change?

0 Not Ready

STAGES OF CHANGE

Precontemplation Not ready/no change	Contemplation Awareness of need to change	Preparation Planning to change
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READINESS RULER
Readiness

On a scale of 0 to 10, how **ready** are you to make this change?

0 Not Ready

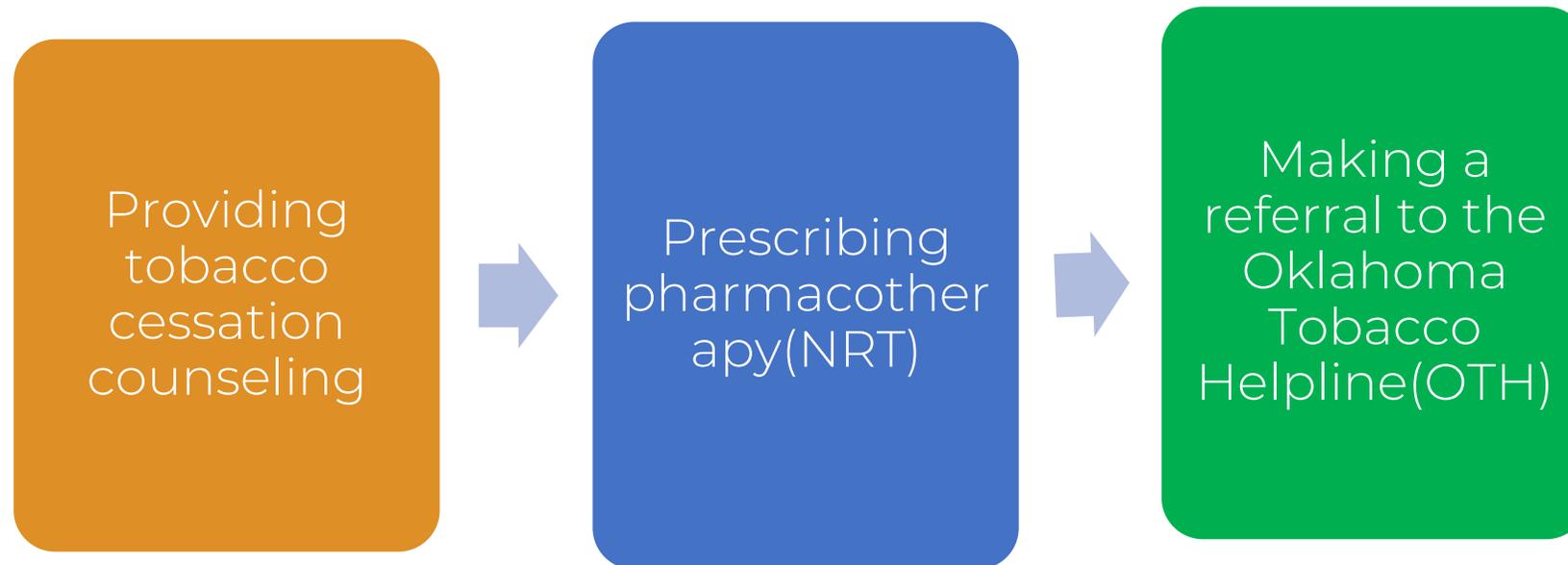
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Assist

If patient is willing to make a quit attempt, assist them by:



F&Q's on How to Quit with the Oklahoma Tobacco Helpline, Retrieved on July 21, 2021 from <http://okhelpine.com>

Arrange

Arrange a follow-up visit with patient.

Can be completed in person or by phone.

Follow-up visit is tied to initial 5A's counseling; therefore, service cannot be billed (duplication).

TOBACCO CESSATION MEDICATIONS

SoonerCare Tobacco Cessation Benefit

- SoonerCare covers generics for all seven (7) FDA approved tobacco cessation medications. These medications **DO NOT** count against their **six-prescription** limit per month.
- A SoonerCare member can receive these products when medically appropriate (a prescription is necessary):

No Limit

- Nicotine Patches, Nicotine Lozenges, Nicotine Gum, Nicotine Nasal Spray, Nicotine Inhaler, and Bupropion (Zyban)

Limited

- Varenicline(Chantix)-180 days/12 months

PHARMACOTHERAPY

- Should be offered to ALL patients ready to quit in the absence of contraindications or ineffectiveness
- Use in combination with behavioral therapies
 - More effective than either intervention alone
 - Setting a quit date is helpful

Treating Tobacco Use and Dependence: 2008 Update. U.S. Department of Health and human services. May 2008

FIRST-LINE
MEDICATIONS
FOR SMOKING
CESSATION

Nicotine-containing	Non-nicotine
Nicotine Patch	Bupropion SR
Nicotine Gum	Varenicline
Nicotine Lozenge	
Nicotine Inhaler	
Nicotine Nasal Spray	

COMBINATION NRT THERAPY

Good compliance with patch, but slow onset and no dose flexibility for cravings

Consider combination of nicotine patch and short acting agent (e.g. gum or lozenge)

Combination is more effective than a single agent NRT, and is safe

NO combination with Varenicline(Chantix)

Two-Pronged Approach

Two-pronged approach is the most effective

- NRT aids in withdrawal symptoms.
- Helpline addresses behavior modification, stressors, coping strategies, coping skills, motivational interviewing, and other cognitive behavioral therapies.
- Physician conducting tobacco cessation counseling with patients (white coat mentality).

Pharmacological Guides

- [AAFP Pharmacological Guide](#)
- [Oklahoma Tobacco Helpline Treatment Guide](#)
- [Treating Tobacco Use and Dependence Updated Guidelines, 2008](#)

**PROVIDER
TYPE**

Who Can Perform the 5a's?

Physicians

Physician Assistants

Dentists

FQHC Nurse Practitioners and RN's

Nurse Practitioners

Nurse Midwives

OSDH Nurse Practitioners and RN's

Maternal and Child Health Licensed Social Worker(NCTTP Certification)

PAYMENTS AND CODING

Coding



USE CODE 99406 FOR A COUNSELING SESSION LASTING BETWEEN THREE AND 10 MINUTES.



USE CODE 99407 FOR A COUNSELING SESSION LASTING MORE THAN 10 MINUTES.



DENTAL CODE IS D1320.



NO BILLING FOR LESS THAN THREE MINUTES.

Payments

Tobacco cessation counseling services are paid in addition to other appropriate services rendered on the same day.



SoonerCare members are eligible for a total of **eight** sessions per rolling calendar year.



No payment will be provided if **3 minutes** or under. This is considered a standard routine visit.

Compensable service must include:

Chart documentation with a separate progress note addressing the five A's and office note signature along with member-specific information.

Information addressed in the five steps and the time spent by the practitioner performing the counseling.

Anything less than three minutes is considered part of a routine visit.

Who Is Covered?

- SoonerCare members 12 years and older (My Life My Quit <https://mylifemyquit.com/>)
- OTH assist 13 years and older
- OTH will not prescribe to anyone younger than 18 years of age

Contact Us

- For pharmacy-related questions, call (405) 522-6205, option 4, or (800)522-0114, option 4
- For tobacco cessation counseling questions or interested in learning more about tobacco cessation best practices as routine patient care, contact the SoonerQuit team at SoonerQuit@okhca.org.
- For billing-related questions, please call (800) 522-0114, option 3
- For other inquiries, [click here](#)